

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Experian Information Solutions, Inc. was received by me on (date) 1-18-18

- I personally served the summons on the individual at (place) _____
on (date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) The Prentice-Hall Corporation System Inc., who is
designated by law to accept service of process on behalf of (name of organization)
Experian Information
solutions, Inc. on (date) 1-29-18; or
- I returned the summons unexecuted because _____; or
- Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

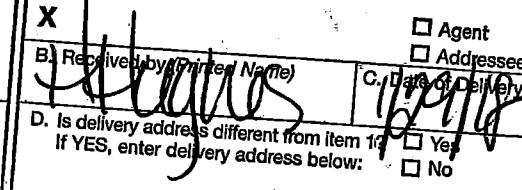
I declare under penalty of perjury that this information is true.

Date: March 5, 2018

Caitlin S. Hinkle
Server's signature
Caitlin S. Hinkle
Printed name and title

19 Mossy Creek Trl Murphy, NC
Server's address
28904

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to:	
<p>The Prentice-Hall Corporation System INC. 327 Hillsborough Street Raleigh, NC 27603</p>	
 9590 9402 1771 6074 1507 39	
2. Article Number (Transfer from service label)	
7016 2070 0000 4133 7540	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature 	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery	
Domestic Return Receipt	